

HEALTH & WELFARE

DEBRA RANSOM, R.N., R.H.I.T., Chief BUREAU OF FACILITY STANDARDS 3232 Elder Street

C.L. "BUTCH" OTTER - Governor RICHARD ARMSTRONG - Director

DEBRA RANSOM, R.N.,R.H.I.T., Chief BUREAU OF FACILITY STANDARDS 3232 Elder Street P.O. Box 83720 Boise, ID 83720-0336 PHONE 208-334-6826 FAX 208-364-1888

CERTIFIED MAIL: 7000 1670 0011 3315 1934

August 1, 2008

Floyd D. Bounds Teton Valley Hospital And Surgicenter 120 East Howard Avenue Driggs, Idaho 83422

RE: Teton Valley Hospital And Surgicenter, provider #131313

Dear Mr. Bounds:

Based on the Complaint survey completed at Teton Valley Hospital And Surgicenter on July 30, 2008 by our staff, we have determined that Teton Valley Hospital And Surgicenter is out of compliance with the Medicare Hospital Conditions of Participation on Emergency Services (42 CFR 485.618) and Organizational Structure (42 CFR 485.627). To participate as a provider of services in the Medicare Program, a hospital must meet all of the Conditions of Participation established by the Secretary of Health and Human Services.

The deficiencies which caused this condition to be unmet substantially limit the capacity of Teton Valley Hospital And Surgicenter to furnish services of an adequate level or quality. The deficiencies are described on the enclosed Statement of Deficiencies/Plan of Correction (CMS-2567). A similar form indicates State Licensure deficiencies.

You have an opportunity to make corrections of those deficiencies which led to the finding of non-compliance with the Condition of Participation referenced above by submitting a written Credible Allegation of Compliance. Such corrections must be achieved and compliance verified, by this office, before September 13, 2008. To allow time for a revisit to verify corrections prior to that date, your Credible Allegation must be received in this office no later than September 5, 2008.

Floyd Bounds August 1, 2008 Page 2 of 3

The following is an explanation of a credible allegation:

Credible allegation of compliance. A credible allegation is a statement or documentation:

- Made by a provider/supplier with a history of having maintained a commitment to compliance and taking corrective actions if required.
- That is realistic in terms of the possibility of the corrective actions being accomplished between the exit conference and the date of the allegation, and
- That indicates resolution of the problems.

In order to resolve the deficiencies the facility must submit a letter of credible allegation to the Department, which contains a sufficient amount of information to indicate that a revisit to the facility will find the problem corrected.

As mentioned above, the letter of credible allegation must indicate that the problems have been corrected as of the date the letter is signed. Hence, a plan of correction indicating that the correction(s) will be made in the future would not be acceptable. Please keep in mind that once the Department receives the letter of credible allegation, an unannounced visit could be made at the facility at any time.

Failure to correct the deficiencies and achieve compliance will result in our recommending that CMS terminate your approval to participate in the Medicare Program. If you fail to notify us, we will assume you have not corrected.

Also pursuant to the provisions of <u>IDAPA 16.03.14.150.01.g</u>, Teton Valley Hospital And Surgicenter is being issued a Provisional hospital license. The license is enclosed and is effective July 30, 2008, through November 30, 2008. The conditions of the provisional license are as follows:

- 1. Post the provisional license.
- 2. Correct all cited deficiencies and maintain compliance.

Please be aware, that failure to comply with the conditions of the provisional license, may result in further action being taken against the hospital's license.

Floyd Bounds August 1, 2008 Page 3 of 3

Be advised, that, consistent with IDAPA 16.05.03.300, you are entitled to request an administrative review regarding the issuance of the provisional license. To be entitled to an administrative review, you must submit to the State Survey Agency a written request by **August 28, 2008**. The request must state the grounds for the facility's contention of the issuance of the provisional license. You should include any documentation or additional evidence you wish to have reviewed as part of the administrative review. Your written request for administrative review should be addressed to:

Randy May, Deputy Administrator Division of Medicaid -- DHW P.O. Box 83720 Boise, ID 83720-0036

phone: (208)364-1804 fax: (208)364-1811

If you fail to submit a timely request for administrative review, the Department of Health and Welfare's decision to issue the provisional license becomes final. Please note that issues which are not raised at an administrative review may not later be raised at higher level hearings (IDAPA 16.05.03.301).

We urge you to begin correction immediately.

If you have any questions regarding this letter or the enclosed reports, please contact me at (208)334-6626.

Miser fol

Sincerely,

SYLVIA CRESWELL

Supervisor

Non-Long Term Care

SC/mlw

Enclosures

c: Steve Millward

ec: Debra Ransom, R.N., R.H.I.T., Bureau Chief



HEALTH & WELFA

C.L. BUTCH OTTER, GOVERNOR RICHARD M. ARMSTRONG - Director DEBRA RANSOM, R.N., R.H.I.T., Chief BUREAU OF FACILITY STANDARDS 3232 Elder Street P.O. Box 83720 Bolse, ID 83720-0036 PHONE 208-334-6626 FAX 208-364-1888

August 6, 2008

Certified Mail: 7000 1670 0011 3315 1965

Floyd D. Bounds Teton Valley Hospital and Surgicenter 120 East Howard Avenue Driggs, Idaho 83422

Teton Valley Hospital and Surgicenter, provider #131313 RE:

Dear Mr. Bounds:

This letter is to inform you that after they were sent to you, errors were noted in the CMS-2567 listing federal Medicare certification deficiencies and State Form listing licensing deficiencies. clarity and avoid any confusion that may result from the errors, the errors have been corrected. The revised CMS-2567 and State Form are enclosed. These will become the reports of record and the previously issued CMS-2567 will be destroyed. I ask that you also destroy the survey reports sent to you via certified mail on August 1, 2008.

I am faxing the survey reports to you so you have them as soon possible. A hardcopies of the survey report forms will also be sent to you via certified mail. Please use the attached forms when you submit your Credible Allegation of Compliance for the Medicare certification deficiencies and plan of correction for the licensing deficiencies. The time frames for correction remain the same as those identified in the August 1, 2008, letter.

I apologize for any inconvenience brought about by the need to revise the survey reports. Thank you, in advance, for your understanding and cooperation. If you have further questions, please do not hesitate to me.

Sincerely,

SYLVIA CRESWELL

Supervisor

Non-Long Term Care



120 East Howard ● Driggs, Idaho 83422 ● (208) 354-2383 ● (208) 354-3158 (fax)

9-3-08

Idaho Bureau of Facility Standards ATT: Sylvia Creswell, Supervisor 3232 Elder Street P O Box 83720 Boise, ID 83720-0036 RECEIVED

SEP 0 4 2000

FACILITY STANDARDS

Dear Ms. Creswell:

Enclosed are the responses to the critical allegations as referenced in your Statement of Deficiencies/Conditions of Participation (CMS-2567) in your letter of 8-6-08. These responses include our plan of correction wherein policies and procedures were developed, implemented and trained to pertinent staff as it relates to their job descriptions. Those policies and procedures include the following:

- 1. Administrator On Call
- 2. Facility Diversion
- 3. Provider Scheduling
- 4. Emergency Medical Screening Examination
- 5. Admission of the ED Patient
- 6. Director of Nursing Services Designee
- 7. Physician Back Up

The individuals involved in development of the above policies and procedures include the CEO, the CFO, the ED Medical Director, the Director of Nursing Services (DNS), the Director of Clinical Services, and the Director of Quality Services. Approval of the policies was finalized on August 25th, 2008 by the Governing Board.

Implementation and training was accomplished by the DNS, the CFO, and the Director of Clinical Services.

The Quality Improvement project to assure compliance to the plan of correction is overseen by the Director of Quality Improvement.

Completion dates are given at the side of the responses to the allegations.

Oversight of the plan of correction will be assured by myself, Floyd Bounds, CEO, and assisted by Laura Piquet, Director of Quality Services (Compliance Officer).

Additionally, we have included our response to the allegations from CMS.

If there is anything else we can to do to assist you in your review of our plan of correction, please let us know.

Most Sincerely,

Flyd I Bamels
Floyd D. Bounds,
Chief Branch

Chief Executive Officer

(208) 354-6328

PRINTED: 08/04/2008 FORM APPROVED OMB NO. 0938-0391

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED C	
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C 000	INITIAL COMMEN	TS	C	000			
C 200	complaint investigations Surveyors conduct Surveyors conduct Gary Guiles, RN, Faresa Hamblin,	this report include: utive Officer Nursing Department reening Examination sistant	C	200	Page 1 of 14: RECEIVED SEP 94 2000 FACILITY STANDARDS C200: Refer to C201		9/3/08
C 201	Based on interview of medical records determined the ho emergency care to The hospital failed care to patients or corrective action to recurring. The fine Refer to C201 as in hospital to provide 24 hour period.	t relates to the failure of the emergency services during a his resulted in the inability of the safe and timely emergency	С	201			
LABORATOR	 Y DIRECTOR'S OR PROV	 DER/SUPPLIER REPRESENTATIVE'S SIGN	NATURE		TITLE		(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued

program participation.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MI		· ·	(X3) DATE SURVEY COMPLETED	
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a day basis. This STANDARD Based on intervier of medical record determined the his services available resulted in at least 22, 23, and 26) who not receiving medithe hospital. Add affected. However, signs on the door available and sing the patient name question, it was not that other patient emergency service assessment, state the potential to carried in all patients who the time emerger. The findings inclusively beginning 6/25/08. Patients seeking care were health clinics asset to other hospital least 2 entrances. "Teton Valley Hoour Emergency Starting Clinics. If arrangements for	is not met as evidenced by: ws of hospital staff and review s and hospital policies, it was ospital failed to have emergency during a 24 hour period. This of 6 of 6 patients (#'s 19, 20, 21, ho arrived at the ED on 6/24/08 dical evaluation and treatment at litional patients may have been er, since the hospital had placed is stating services were not be ED personnel did not enter is into the ED Log for the day in not possible to confirm or deny s were affected. Having the sunavailable delayed obligation, and treatment and had ause negative patient outcomes of sought care at the ED during the services were unavailable.	C 2	201	Page 2 of 14: C201: We have developed and implemented the following policies/procedures to become compliant with the requirement have emergency room services available 24/7. 1. Facility Diversion P/P was provides the requirements, limitations, and processes for appropriate facility diversion. 2. Provider Scheduling P/P Physician Back Up P/P: white mandates daily schedules for the ED/Hospitalist and Clinic cover and the requirements to have 2 physician back up/coverage. It covers time off requirements/limitations. 3. Admission of ED Patient which sets the guidelines for his patients are admitted into the record system. No payment information will be requested the patient has had a MSE and stabilized. It also mandates the patients will be logged in the I book, regardless of the extent required.	which P and ich our erage 24/7 It also medical until I is nat all ED Log	9-3-08

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			A. BUILDING			COMPLETED	
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C 201	had to be accessed estimated drive tim This diversion from separate interviews including the Direct Director of Clinical	ge 2 I over mountain roads with an e of greater than 45 minutes. the ED was confirmed during by multiple hospital staff, or of Quality Services, the Support Services, the CEO, and additional staff RNs.	C	201	C021: continued. (Page 3 of	·14)	
	9:45 AM, how and the Director of Clini explained that there schedule" for 4 weetrying for weeks to	g an interview, on 7/24/08 at why the diversion happened, cal Support Services had been a "hole in the ED eks. He said he had been get the 24-hour shift covered physician willing or able to			Provider Scheduling P/P ar Physician Back up P/P addrequirements of covering ED with physician coverage/back	ress the 24/7	9-3-08
	documented discus scheduling issues. "[name] came to distaff scheduling for [name] clinics. He demonstration of an extremely low in number of the clinic staff is being coverage, thereby colinics. Review of the numbers are not extremely low in the numbers are not extremely low in the numbers are not extremely low in the clinic, extremely low in the cl	al staff meeting dated 4/29/08 sion regarding potential The minutes read as follows: scuss issues with the medical the ER and [name] and did a power point reas where the clinic staff was imbers and often left clinics der all day. It appears that the pulled to cover 24/7 ER diminishing patient care in the he situation found it to be ue than a scheduling issue as oft adequate to cover both the especially if vacations or time anyone. Plans are to meet on to discuss scheduling. All the mid-levels will need to decone else represent their ing. Providers are asked to ests for vacation, holidays and the end of August but			A need for clarification condithe statements in the Medical meeting, dated 4-29-08, when was written that a meeting to scheduling was planned for This was not a medical staff. It was just a informal meeting in members of the medical staff their scheduler, met to discusscheduling issues. It was not formal medical staff meeting therefore did not require the minutes	Il Staff crein it o discuss 5-6-08: meeting. ng where taff and ss ot a g and	9-3-08

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTI	PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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C 201	to be decided for the Administration has have all 7 or 8 providers and the provider (s) left consider flexible do other possible scheduring an interview the the follow-up multiple of Clinical an informal "pizza discuss the scheduwas unable to fill the	ext 6 months. Holidays need he rest of the year if possible. emphasized that we cannot riders off at the same time patient care and it is unfair to to cover. May need to ates and non-flexible dates and reduling models." When asked on 7/23/08 at 11:30 AM about seeting held on May 6th, the Support Services stated that meeting" was held to further alling needs. He stated that he he hole in the schedule on the diversion. No meeting	C 201	Please see the policies as listed that address scheduling policies and limitations on number of providers taking ptime off: 1. Provider Scheduling P/1. 2. Physician Back up P/P	ed below ies and 1 lanned	9-3-08
	minutes were repo During an interview who worked 7 AM the diversion (6/24, or five" patients ca shift. She stated the assessment, include and taking their vital referred patients to associated with the	rtedly available for the meeting. on 7/23/08 at 2:15 PM, RN A, to 7 PM in the ED on the day of (08), stated she thought "four me to the hospital during her nat she provided a nursing ding listening to their concerns al signs. She then reportedly the rural health clinic e hospital for medical atment as the hospital did not		See Admission of ED Paties which addresses the need for documentation and entry of a patients presenting to the ED in the ED Log.	all	9-3-08
	a list that included 19, 20, 21, 22, and seeking emergenc subsequently diver associated with the evaluation and treafive patients follow	nical Support Services provided the names of five patients (#'s 23) who arrived at the ED y services on 6/24/08 and were ted to a rural health clinic hospital for medical atment. Details regarding the 21 year old male who		Facility Diversion Policy/Procedure addresses requirements of a diversion a has been informed of the requirements of such. All P available on our computerize system for staff to refer to at	and staff & P are	9-3-08

STATEMEN'	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) N	IULTI	PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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C 201	RN documented the a blood pressure of the ED records. The stated the patient he with a nail gun and see (patient) and the clinic note document patient in the ED, coreferred the patient miles away. The Period as "OP" (outpatient examination was do the PA, who was in PM, stated she did	on 6/24/08 at 8:00 AM. The e patient's vital signs, including f 145/77 and a pulse of 68, in the accompanying ED note and shot himself in the thumb that the PA was "coming to the will treat in clinic." The need that the PA examined the leaned the wound, and then to a physician at a hospital 47 A documented the encounter edure" and the location of care counted the hospital. While an occumented in the ED record, terviewed on 7/22/08 at 4:20 not provide emergency tent at the hospital on 6/24/08.	· C:	201	Facility Diversion Policy/Procedure addresses to requirements of a diversion at has been informed of the requirements of such. P & P a available on our computerized system for staff to refer to at a times.	the nd staff are d	9-3-08
	Patient #20 was a presented to the EI RN documented the a blood pressure 16 the ED record. The stated the patient "stomach upset" spi to a rural health clir hospital. The PA d dated 6/24/08, that "coughing up blood a couple times a da "GASTRITIS NEC tests (laboratory, ul at other facilities. Nindicate the hospita or treatment prior to rural health clinic.	19 year old female who D on 6/24/08 at 5:45 PM. The e patient's vital signs, including 62/93 and a pulse of 104, in exaccompanying ED note walked in (complaining of) tting blood [with] was directed nic associated with the ocumented in the clinic note, the patient complained of and mucus for about a week, ay." She was diagnosed with W/HEMORRHAGE". Further trasound) were recommended to documentation was found to all provided medical evaluation of diverting Patient #20 to the			See Emergency Medical Screening Examination P/P. Policy stands all patients will receive a Me Screening Examinatin (MSE Medical Staff Provider when present to the ED. Documen recorded in the ED medical recorded in the ED medical recorded.	ates that dical ) by a they tation is	9-3-08
	presented to the EL	on 6/24/08 with an achy body			•		

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C 201	the time of arrival in dated 6/24/08, door assessment at 5:17 documented that the ear infection and sereturn to the clinic i was found to indica medical evaluation Patient #21 to the reliable Patient #22 was a 3 presented to the Elfoot after a bicycle documentation was in the ED. The clinic documented a nurs The clinic note furth results were negationally patient was sent homanage pain and sereturn to the clinic i worsened. No docindicate the hospital	cumentation was found as to a the ED. The clinic note, umented a nursing PM. The clinic note further e patient was treated for an ent home with instructions to an one day. No documentation te the hospital provided or treatment prior to diverting	C	201	C 201: continued (Page 6 of See Admission of the ED Pa P/P which addresses docume requirements.  See Emergency Medical Scr Examination P/P wherein it addresses who needs an MSE is qualified to do it, and that is be documented on the ED Ref.	reening  who it shall	9-3-08
	presented to the EI her foot after havin No documentation as to the time of an dated 6/24/08 docuat 10:54 AM. The of the patient's wou given a tetanus sho instructions to return	31 year old female who O on 6/24/08 with a wound to g stepped on a garden rake. was found in the clinical record rival in the ED. A clinic note, mented a nursing assessment clinic note further documented: and was treated; 2) she was ot; 3) she was sent home with the to the clinic in one day for a wound care instructions. No			See Emergency Medical Scr Examination P/P wherein it addresses who needs an MSE is qualified to do it, and that i	i, who	q-3-08

documentation was found to indicate the hospital

be documented on the ED Record

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(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		ACTION SHOULD BE TO THE APPROPRIATE	(X5) COMPLETION DATE
C 201	provided evaluation diverting Patient #2  An additional unknow reportedly diverted seeking emergency 7/23/08 at 2:37 PM AM during the divestated that one addof abdominal pain a shift. The RN state patient's vital signs hands-on assessm woman's name; 4) physician was availand that she (the phospital or be seen The patient reporter find another emerging an interview Director of Quality formal analysis had related to the diversion, nor in procedures relating established since that any performant been initiated related to formal meeting action had been tall hospital to go on director of clinical no formal meeting action had been tall hospital to go on director of clinical no go on director of clinical no spital to go on director of clinical no formal meeting action had been tall hospital to go on director of clinical no spital n	and treatment prior to 3 to the rural health clinic.  Town patient (#26) was away from the ED after y care. During an interview on RN B, who worked 7 PM to 7 rsion on 6/24/08 and 6/25/08, alt female patient complaining arrived at the ED during her ed: 1) she did not take the (2) she did not do any ent; 3) she did not get the she told the patient that no lable to see her in the hospital atient) could go to another in the clinic in the morning. Edly left with her husband to ency facility. No ED clinical to confirm or deny the	Cá	See Admission of the P/P which addresse requirements.  Medical Staff met of and reviewed and direlating to Diversion. Agreed to the format polices as listed below Governing Board mon August 25th, who Diversion issue was the policies and probelow were approved are also approved by has assisted with the and implementation. Administrator. Facility Divers. Provider School. Emergency Metalon P. Admission of the P/P.  6. Director of Nun Designee P/P.  7. Physician Back.	che ED Patient es documentation  on Aug 19, 2008 discussed issues on of 6-24-08. ation of the ow. neeting was held erein the s discussed and ocedures listed ed. These polices by the CEO who he development of these policies: On-Call P/P duling P/P duling P/P duling P/P edical Screening P/P the ED Patient  arsing Services	9-3-08

Event ID: SDGV11

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING			COMPLETED C		
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C 201	patients would be provided with appropriate MSEs should the hospital go on divert again.  In summary, the agency failed to have available 24-hour emergency services during one 24 hour period in June, 2008.		C 201 C 201: Continued. (Page		C 201: Continued. (Page 80	of 14)	
C 240	Organizational Stru This CONDITION Based on interview of medical records determined the hos organizational struct sufficient to mainta failed to ensure the CEO provided suffi provide emergency corrective action w abscences of care.  Refer to C241 as it hospital to ensure the the CEO, assumed	is not met as evidenced by: s of hospital staff and review and hospital policies, it was spital failed to ensure the cture of the hospital was in basic services. The hospital governing body including the cient direction to staff to services and failed to ensure as taken to prevent future The findings include: relates to the failure of the the governing body, including tresponsibility for determining policies governing emergency		240	C240: Refer to C 241.		
C 241	This resulted in the provide safe and tireact to future staff 485.627(a) GOVER RESPONSIBLE IN The CAH has a gothat assumes full ledetermining, imple policies governing	nability of the hospital to mely emergency care and to ling crises. RNING BODY OR	c	241	C 241: See next page		

#### PRINTED: 08/04/2008 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED OMB NO. 0938-0391 CENTERS FOR MEDICARE & MEDICAID SERVICES (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES COMPLETED **IDENTIFICATION NUMBER:** AND PLAN OF CORRECTION A. BUILDING B. WING 07/30/2008 131313 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 120 EAST HOWARD AVENUE TETON VALLEY HOSPITAL AND SURGICENTER **DRIGGS, ID 83422** PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION SUMMARY STATEMENT OF DEFICIENCIES ID (X4) ID PREFIX (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) C 241 Continued From page 8 C 241 C241: (Page 9 of 14) 9.3.08 so as to provide quality health care in a safe Governing Board meeting was held environment. on August 25th, 2008, wherein the Diversion issue was discussed and This STANDARD is not met as evidenced by: the policies and procedures listed Based on review of clinical records and hospital below were approved. These polices policies and interviews with hospital staff, it was are also approved by the CEO who determined the hospital failed to ensure the governing body, including the CEO, assumed has assisted with the development responsibility for determining and implementing and implementation of these policies: policies governing emergency services at the 1. Administrator On-Call P/P hospital. The governing body failed to ensure 2. Facility Diversion P/P emergency services were provided on a 3. Provider Scheduling P/P continuous and consistent basis and failed to provide direction to staff when physician coverage 4. Emergency Medical Screening was not available at the hospital. This affected Examination P/P the care of at least 6 of 6 patients (#'s 19, 20, 21, 5. Admission of the ED Patient 22, 23, and 26), who came to the ED on 6/24/08 during the time the hospital was on formal 6. Director of Nursing Services diversion status. It also affected the care of one patient (#17) who was transferred to another Designee P/P hospital when Teton Valley Hospital went on 7. Physician Back Up P/P divert. As a result, there was a delay in evaluation, stabilization, and/or treatment to Implementation is evidenced by: patients arriving at the ED on 6/24/08. This had Creation of the above-listed policies and the potential to cause negative patient outcomes procedures. in all patients who sought care at the ED during Physician Schedule being posted and 2) the time emergency services were unavailable. back up assured on a continual basis. The findings include: 3) **AOC Training AOC Log Book implementation** 4) 1. The hospital went on divert status, beginning at **Development of Crisis Calling Checklist** 5) 8 AM on 6/24/08 and lasting until 8 AM on **ED Admission Training** 6/25/08, for both inpatients and patients seeking Notification to Patient concerning emergency care at the ED. This diversion was Provider Coverage 24/7. confirmed during separate interviews by multiple **Ouality Improvement review project to** hospital staff, including the Director of Quality

Services, the Director of Clinical Support

Services, the CEO, the ED Coordinator, the DON,

and additional staff RNs. A sign was posted on at

assure ED patients are being placed on

the ED log as well as assuring MSEs are

done on all ED patients

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUI	LTIPLE CONSTRUCTION	(X3) DATE SU COMPLE	
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C 241	least 2 entrances "Teton Valley Hos our Emergency S [local] Clinics. If i arrangements for regional hospitals located at a distar had to be accesse estimated drive til One patient (#17) back pain who pro 7:10 PM, was trar for inpatient admi hospital going on Another inpatient morning of 6/24/0 during the time th Following the eve the causes of the steps to minimize services if a physi hospital at a futur  2. The Chief of th on 7/30/08 at 8:40 with physicians as had told administr enough physician He said he warne due to vacations a might be days in t would not be avai services. He said from 6/23/08 until physician was not AM until 6/25/08 a Medical Staff stat during that time.	to the hospital which read pital is currently on diversion for ervices. You can be seen in our t is an emergency, we will make you to be transported to [other ]." The alternate hospitals were note of 34 to 75 miles away and ed over mountain roads with an me of greater than 45 minutes., an 82 year old female with esented to the ED on 6/23/08 at asferred to an alternate hospital ssion in anticipation of the divert the following day. was discharged normally on the 8. No inpatients were present e hospital was on divert. Int, the hospital had not analyzed diversion and had not taken the impact on patients and ician was not available to the	C 24	Governing Board meeting was held of 25th, 2008, wherein the Diversion isst discussed and the policies and proced below were approved. These policies: approved by the Floyd Bounds, CEO assisted with the development and implementation of these policies:  1. Administrator On-Call P/P  2. Facility Diversion P/P  3. Provider Scheduling P/P  4. Emergency Medical Screening Examination P/P  5. Admission of the ED Patient P  6. Director of Nursing Services I  7. Physician Back Up P/P Implementation is evidenced by:  1. Creation of the above-listed poliprocedures.  2. Physician Schedule being poster up assured on a continual basis.  3. AOC Training  4. AOC Log Book implementation Development of Crisis Calling of ED Admission Training  7. Notification to Patient concerning Coverage 24/7.  8. Quality Improvement review procedures assure ED patients are being plated to go, as well as assuring MS on all ED patients.  Medical Staff met on Aug 19, 2008 and discussed issues relating to Dive 08.	ne was cures listed are also who has  //P  Designee P/P  decies and d and back  Checklist ing Provider oject to aced on the Es are done and reviewed	9.3.08

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED C		
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	ROVIDER OR SUPPLIER		<b>!</b>	STREET ADDRESS, CITY, STATE, ZIP CODE 120 EAST HOWARD AVENUE DRIGGS, ID 83422			
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C 241	standard business the hospital had a per provided at least examinations while not know what that meetings had been on divert, an ED Co and a Medical Staff administrative staff meetings that the condition of discussion that the condition of the future if physicials to the hospital.  3. The CEO was in AM. He stated the physicians to cover the hospital had go stated there was not staff what to do in the discussion of the diversion but event had taken playsician staffing hevent. He said no been developed to situation recurred, hospital had developed to patients during the said no per provided the diversion but the condition of the diversion but the diversion but the condition of the co	he was told by the hat going on divert was practice. He said he believed plan to ensure patients would the with medical screening on divert but he said he did plan was. Two Medical Staff held since the hospital went ommittee meeting on 7/10/08. He said told physicians at these iversion of hospital patients on He said the medical staff did ersion, either how the diversion at might be done differently in an coverage was not available terviewed on 7/23/08 at 9:10 re had been a lack of the hospital. He confirmed ne on divert on 6/24/08. He opolicy or procedure directing his situation. He sign posted on the hospital's fiter the event, that he, the ctor of Clinical Services had do how things had gone the day said no formal analysis of the ace. He said there were no we meeting. He stated and not changed since the policies or procedures had provide direction to staff if the The CEO failed to ensure the oped plans to provide services his predicable situation. The ensure patients would receive	C	241	Medical Staff met on Aug 19 and reviewed and discussed it relating to Diversion of 6-24. Agreed to the formation of the policies as listed directly about on August 25th, 2008, wherein Diversion issue was discussed the policies and procedures libelow were approved. These are also approved by the CEC has assisted with the develop and implementation of these 1. Administrator On-Call 2. Facility Diversion P/P 3. Provider Scheduling P/P 4. Emergency Medical Schemation P/P 5. Admission of the ED Pare/P 6. Director of Nursing Ser Designee P/P 7. Physician Back up P/P 7. Physician Back up P/P	o, 2008 issues -08. he ove.  as held in the ed and isted polices O who oment policies: P/P  reening  ntient vices	9-3,08

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clinic attached to the was interviewed on 7 worked as the provide back up, both before stated, when the hose was told by the Direct she would be accept day that were diverted was her understanding to the ED as emerged not be allowed to partial, would not be patient, and would not hospital. She express and discomfort at the coming in to the ED care. She stated it we provide emergent cannot have physician be it was her understand respond to a heart at reaction without defy by administrative state including the CEO, he afforded sufficient dieffective patient care.  5. Staff B, an RN, was 2:37 PM. She stated AM during the diversor The RN stated she he Director of Clinical Sit was a 24 hour clinical to allow patients were not ED patients.	who worked in a rural health hospital on 6/24/08. She 7/23/08 at 4:20 PM. She had der in the ED with physician and after 6/24/08. She spital went on divert, that she ctor of Clinical Services, that ting patients in the clinic that ed from the ED. She said it ng that, if a patient presented ent, that she (the PA) would riticipate in the decision e providing a MSE to the ot see the patient in the seed feelings of frustration e possibility of someone but not receiving emergent would be illegal for her to are at the ED because she did back-up available. She stated ding that she could not ttack or a severe allergic ving instructions given to her aff. The governing body, had not ensured the PA was rection to provide safe and	C 241	Facility Diversion Policy/Procedure addresses requirements of a diversion a has been informed of the requirements of such. P & P available on our computerize system for staff to refer to at times.  See also Emergency Medical Screening Examination P/I wherein it addresses who need MSE, who is qualified to do that it shall be documented on Record  Admission of ED Patient P which sets the guidelines for patients are admitted into the record system. No payment information will be requested the patient has had a MSE at stabilized. It also mandates patients will be logged in the book, regardless of the exter required.	the and staff are ed all eds an o it, and on the ED e medical ed until ed is that all e ED Log	9-3-08

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		IPLE CONSTRUCTION	(X3) DATE SU COMPLE	
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C 241	#26) came to the h complaining of abd Patient #26 was diviseeking emergency not take the patient hands-on assessm woman's name. Spatient that no physical the patient could go seen in the clinic in reportedly left with emergency facility, the CEO, had not experient to the complete the could go seen in the clinic in reportedly left with emergency facility.	stated an adult female (Patient ospital after 11 PM on 6/24/08, ominal pain. The nurse stated verted away from the ED after y care. Nurse B stated she did t's vital signs, did not conduct a tent, and did not get the ne stated she explained to the sician was available and that to to another hospital or be the morning. The patient her husband to find another The governing body, including ensured the RN was afforded	C 2	241	Admission of ED Patient Patients are admitted into the record system. No payment information will be requested the patient has had a MSE are stabilized. It also mandates patients will be logged in the book, regardless of the extended the patient has had a MSE are stabilized. It also mandates the patients will be logged in the book, regardless of the extended the patients.	/P: how ED e medical ed until nd is that all e ED Log	9-3-08
	the ED on the day interviewed on 7/2; was told her respondent a nursing a she decided the paservices, she would another ED. She is patient only needed direct them to a rur she thought "four chospital during her provided them with including listening their vital signs. SI patients to the clinimedical evaluation these patients were provider. The direct different than the different than the	rse A, an RN who worked 7 AM to 7 PM in D on the day of the diversion (6/24/08), was iewed on 7/23/08 at 2:15 PM. She said she old her responsibility as the ED nurse was to uct a nursing assessment of the patient. If ecided the patient needed physician requirements of a has been informed responsibility as the ED nurse was to uct a nursing assessment of the patient. If ecided the patient needed physician requirements of a has been informed requirements of some recommendation of the patient to only needed clinic services, she would at them to a rural health clinic. Nurse A stated the nought "four or five" persons came to the tall during her shift. She stated that she died them with a nursing assessment, ling listening to their concerns and taking vital signs. She said she referred the notated to the hospital for requirements of a has been informed requirements of a variable on our control of the staff to the direction given to Nurse B. The ming body, including the CEO, failed to		See also Emergency Medic Screening Examination P/ wherein it addresses who ne MSE, who is qualified to do that it shall be documented	and staff are ed t all eal eeds an o it, and	9-3-08	

NAME OF PROVIDER OR SUPPLIER  TETON VALLEY HOSPITAL AND SURGICENTER  SUMMARY STATEMENT OF DEFICIENCES  PREST AND WARD AVENUE  DRIGGS, ID 33422  DROCKOSSAREERNACE TOTON SHOULD BE CARGO DEFICIENCES  TAG  TO an instructions regarding how to manage patients.  7. At least 6 patients (#s 19, 20, 21, 22, 23, 24, and 26) presented to the hospital on 6/24/08 and were defined care. Refer to C201 as it relates the the failure of the hospital to provide care to these patients.  Coverning Board meeting was held on August 25°, 2008, wherein the Diversion is use was discussed and the policies and procedures listed below were approved. These polices are also approved by the CEO who has sastised with the development and implementation is white the development and implementation is PP  1. Administrator On-Call PIP  2. Facility Diversion PIP  3. Provider Schedding PIP  4. Emergency Medical Screening Examination PIP  5. Administrator On-Call PIP  6. Director of Nursing Services Designee PIP  7. Physician Back up PIP  Implementation is evidenced by:  1. Creatinn of the above-listed policies and procedures.  2. Physician Schedule being posted and back up assured on a continual basis.  3. ACC Training  7. Notification to Patient concerning Provider Coverage 24/7.  8. Wolfficients or Patient concerning Provider Coverage 24/7.  8. Wolficients or Patient Coverage 24/7	STATEMENT AND PLAN C	T OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1		PLE CONSTRUCTION	(X3) DATE SU COMPLE	
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PREFIX TAG  REGULATORY OR LSC IDENTIFYING INFORMATION)  C 241  Continued From page 13 instructions regarding how to manage patients.  7. At least 6 patients (#s 19, 20, 21, 22, 23, 24, and 26) presented to the hospital on 6/24/08 and were denied care. Refer to C201 as it relates the the failure of the hospital to provide care to these patients.  Governing Board meeting was held on August 25%, 2008, wherein the Diversion issue was discussed and the policies and procedures listed below were approved by the CEO who has assisted with the development and implementation of these policies.  1. Administrator On-Call P/P  2. Facility Diversion P/P  3. Provider Scheduling P/P  4. Emergency Medical Screening Examination P/P  5. Admission of the ED Patient P/P  6. Director of Nursing Services Designee P/P  7. Physician Back up P/P  Implementation is evidenced by:  1. Creation of the above-listed policies and procedures.  2. Physician Schedule being posted and back up assured on a continual basis.  3. AOC Tailling P/P  4. ACC Log Book implementation  5. Development of Crisis Calling Checklist  6. ED Admission to Patient concerning Provider Coverage 24/7.  8. Quality Improvement review project to assure ED patients are being placed on the ED log MSE affector covering placed on the ED log means are provider coverage 24/7.		/ALLEY HOSPITAL A			1:	20 EAST HOWARD AVENUE		
instructions regarding how to manage patients.  7. At least 6 patients (#'s 19, 20, 21, 22, 23, 24, and 26) presented to the hospital on 6/24/08 and were denied care. Refer to C201 as it relates the the failure of the hospital to provide care to these patients.  C241: Continued. (Page 14 of 14) Medical Staff met on Aug 19, 2008 and reviewed and discussed issues relating to Diversion of 6-24-08. Agreed to the formation of the polices as listed below.  Governing Board meeting was held on August 25th, 2008, wherein the Diversion issue was discussed and the policies and procedures listed below were approved. These polices are also approved by the CEO who has assisted with the development and implementation of these policies:  1. Administrator On-Call P/P 2. Facility Diversion P/P 3. Provide Call P/P 2. Facility Diversion P/P 4. Emergency Medical Screening Examination P/P 5. Admission of the ED Patient P/P 6. Director of Nursing Services Designee P/P 7. Physician Sack up P/P 8. Implementation is evidenced by: 1. Creation of the above-listed policies and procedures. 2. Physician Schedule being posted and back up assured on a continual basis: 3. AOC Training 4. AOC Log Book implementation 5. Development of Crisis Calling Checklist 6. ED Admission Training 7. Notification to Patient concerning Provider Coverage 24/7. 8. Quality Improvement review project to assure ED patients are being placed on the ED log. MSE adherence will also be	PREFIX	(EACH DEFICIENC)	/ MUST BE PRECEDED BY FULL	PREF		(EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR	ULD BE	
	C 241	7. At least 6 patient and 26) presented were denied care. the failure of the ho	ng how to manage patients. s (#'s 19, 20, 21, 22, 23, 24, to the hospital on 6/24/08 and Refer to C201 as it relates the	C2	241	Medical Staff met on Aug 19, 2008 and and discussed issues relating to Divers 08. Agreed to the formation of the pollisted below.  Governing Board meeting was held on 25th, 2008, wherein the Diversion issued discussed and the policies and procedubelow were approved. These polices an approved by the CEO who has assisted development and implementation of the policies:  1. Administrator On-Call P/P 2. Facility Diversion P/P 3. Provider Scheduling P/P 4. Emergency Medical Screening Examination P/P 5. Admission of the ED Patient P/6. Director of Nursing Services Defended by 1. Creation of the above-listed policiprocedures.  2. Physician Back up P/P  Implementation is evidenced by 1. Creation of the above-listed policiprocedures.  2. Physician Schedule being posted up assured on a continual basis.  3. AOC Training 4. AOC Log Book implementation Development of Crisis Calling Composition of the Patient concerning Coverage 24/7.  8. Quality Improvement review processure ED patients are being place ED log. MSE adherence will also	ion of 6-24- lices as  August e was ares listed re also d with the alse  Pesignee P/P  cies and and back  thecklist g Provider oject to ced on the	9-3-08

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	cited during the con hospital. Surveyors	licensure deficiencie mplaint investigation s conducting the inve	of your	T T T T T T T T T T T T T T T T T T T	SEP 0 4 2008		
	were: Gary Guiles, RN, H	IFS. Team Leader			FACILITY STANDARI	DS -	
	Teresa Hamblin, R				BB115: Page 1 of 16) Governing Board meeting w	vas held	9.3.08
	CEO = Chief Exection DON = Director of ED = Emergency [	utive Officer Nursing Department reening Examination tioner sistant			on August 25 th , 2008, where Diversion issue was discuss the policies and procedures below were approved. These are also approved by the CE has assisted with the develoand implementation of these	ein the ed and listed e polices O who pment e policies:	
BB115	equivalent, that ha	BODY AND	ınd	BB115	<ol> <li>Administrator On-Cal</li> <li>Facility Diversion P/P</li> <li>Provider Scheduling P</li> <li>Emergency Medical Sc Examination P/P</li> <li>Admission of the ED P P/P</li> <li>Director of Nursing Se Designee P/P</li> </ol>	/P creening atient	
	bylaws in accordar community respon purposes of the ho least the following:	,	he ecify at		7. Physician Back up P/I	•	
	of: (12-31-91)	Governing Body, whi					5. 5.
	i. Basis of selectin duties; and. (10-14	g members, term of 4-88)	office, and				-1.

Bureau of Facility Standards

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

CEE

9/3/08

STATEMENT OF DEFICIENCIES (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION COMPLETED AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING B. WING _ 131313 07/30/2008 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 120 EAST HOWARD AVENUE TETON VALLEY HOSPITAL AND SURGICENTE **DRIGGS, ID 83422** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE ID (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG **DEFICIENCY**) BB115 BB115 Continued From page 1 9-3-08 BB 115: continued. (Page 2 of 16) ii. Designation of officers, terms of office, and duties. (10-14-88) See page 1. b. Meetings, (12-31-91) i. Specify frequency of meetings. (10-14-88) ii. Meet at regular intervals, and there is an attendance requirement. (10-14-88) iii. Minutes of all governing body meetings shall be maintained. (10-14-88) c. Committees, (12-31-91) i. The governing body officers shall appoint committees as appropriate for the size and scope of activities in the hospitals. (10-14-88) ii. Minutes of all committee meetings shall be maintained, and reflect all pertinent business. (10-14-88)d. Medical Staff Appointments and Reappointments; (12-31-91) i. A formal written procedure shall be established for appointment to the medical staff. (10-14-88) ii. Medical staff appointments shall include an application for privileges, signature of applicant to abide by hospital bylaws, rules, and regulations, and delineation of privileges as recommended by the medical staff. The same procedure shall apply to nonphysician practitioners who are granted clinical privileges. (10-14-88)

iii. The procedure for appointment and

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	MENT OF DEFICIENCIES LAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION (X3) DATE SURV. COMPLETE: A. BUILDING		ETED				
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BB115	Continued From pa	ige 2		BB115			
	the administrator, n	ne medical staff shall medical staff, and the eappointments shall b (10-14-88)	•		BB 115: continued. (Page 3	3 of 16)	9-3-08
	iv. The governing b medical staff author professional compe appointments and r privileges, and delir (10-14-88)	poody bylaws shall apporting to evaluate the etence of applicants, reappointments, curtaneation of privileges.	ailment of		See page 1.		
	v. Applicants for appointment, reappointment or applicants denied to the medical staff privileges shall be notified in writing. (10-14-88)						
	mechanism adopte medical staff applic	formal appeal and hed by the governing be cants who are denied e privileges are reduc	ody for				
	adoption, and appro	I provide a mechanisroval of the organizations of the med	ion				
		specify an appropriate ommunication with the					
		I specify departments h the medical staff, if 4-88)					
		I specify that every pa physician licensed by dicine. (10-14-88)					

NAME OF PROVIDER OR SUPPLIER  TETON VALLEY HOSPITAL AND SURGICENTE  (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (PREFIX TAG)  SUMMARY STATEMENT OF DEFICIENCIES (PREFIX TAG)  (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  BB115  Continued From page 3  i. The bylaws shall specify that a physician be on duty or on call at all times. (10-14-88)  j. The bylaws shall specify to whom responsibility for operations, maintenance, and hospital practices can be delegated and how accountability is established. (10-14-88)  k. The governing body shall appoint a chief executive officer or administrator, and shall designate in writing who will be responsible for the operation of the hospital in the absence of the administrator. (10-14-88)  I. Bylaws shall be dated and signed by the current governing body. (10-14-88)  This Rule is not met as evidenced by:  STREET ADDRESS, CITY, STATE, ZIP CODE 120 EAST HOWARD AVENUE  PREFIX TAG  (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED to THE APPROPRIATE DEFICIENCY)  (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)  BB115  BB115  BB 115: continued. (Page 4 of 16)  Governing Board meeting was held on August 25 th , 2008, wherein the Diversion issue was discussed and the policies and procedures listed below were approved. These polices are also approved by the CEO who has assisted with the development and implementation of these policies:  1. Administrator On-Call P/P  2. Facility Diversion P/P  3. Provider Scheduling P/P  4. Emergency Medical Screening Examination P/P  5. Admission of the ED Patient P/P  6. Director of Nursing Services Designee P/P		IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NU		(X2) MULTI A. BUILDIN B. WING _	***************************************	(X3) DATE SU COMPLE	TED
TETON VALLEY HOSPITAL AND SURGICENTE    120 EAST HOWARD AVENUE   R34422     120 EAST HOWARD AVENUE   R3442     120 EAST HOWARD AVENUE   R3			131313				07/30	0/2008
REFIX TAG   REGULATORY OR LSC IDENTIFYING INFORMATION   PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION   PREFIX TAG   REGULATORY OR LSC IDENTIFY INFORMATION   PREFIX TAG   REGULATORY OR LSC IDENTIF			ND SURGICENTE	120 EAST	HOWARD A			
i. The bylaws shall specify that a physician be on duty or on call at all times. (10-14-88)  j. The bylaws shall specify to whom responsibility for operations, maintenance, and hospital practices can be delegated and how accountability is established. (10-14-88)  k. The governing body shall appoint a chief executive officer or administrator, and shall designate in writing who will be responsible for the operation of the hospital in the absence of the administrator. (10-14-88)  I. Bylaws shall be dated and signed by the current governing body. (10-14-88)  m. Patients being treated by nonphysician practitioners shall be under the general care of a physician. (10-14-88)  This Rule is not met as evidenced by:  BB 115: continued. (Page 4 of 16)  Governing Board meeting was held on August 25 th , 2008, wherein the Diversion issue was discussed and the policies and procedures listed below were approved. These policies are also approved by the CEO who has assisted with the development and implementation of these policies:  1. Administrator On-Call P/P  2. Facility Diversion P/P  3. Provider Scheduling P/P  4. Emergency Medical Screening Examination P/P  5. Admission of the ED Patient P/P  6. Director of Nursing Services Designee P/P	PRÉFIX	(EACH DEFICIENCY	/ MUST BE PRECEDED BY	FULL	PREFIX	(EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR	ULD BE	(X5) COMPLETE DATE
Based on review of clinical records and hospital policies and interviews with hospital staff, it was determined the hospital failed to ensure the governing body assumed responsibility for determining and implementing policies governing emergency services at the hospital. The governing body failed to ensure emergency services were provided on a continuous and consistent basis and failed to provide direction to staff when physician coverage was not available at the hospital. This affected the care of at least 6 of 6 patients (#s 19, 20, 21, 22, 23, and 26), who came to the ED on 6/24/08 during the time the hospital was on formal diversion status. It also affected the care of one patient (#17) who was transferred to another hospital when Teton Valley Hospital went on divert. As a result, there	BB115	i. The bylaws shall duty or on call at all duty or on call at all j. The bylaws shall for operations, main practices can be de accountability is est.  k. The governing be executive officer or designate in writing the operation of the administrator. (10-1).  I. Bylaws shall be d governing body. (10 m. Patients being the practitioners shall be physician. (10-14-88).  This Rule is not me Based on review of policies and intervied determined the hos governing body assed determining and im emergency service governing body fails services were proviconsistent basis an staff when physicia at the hospital. Thi 6 of 6 patients (#'s who came to the El the hospital was on also affected the cawas transferred to	specify that a physic times. (10-14-88) specify to whom response the part and how tablished. (10-14-88) ody shall appoint a condition of administrator, and so who will be response thospital in the absence of a physical states and signed by the properties of the provided in coverage was not a saffected the care of one patient (#another hospital wheelens of the patient (#another hospital wheelens of the patient of the patient (#another hospital wheelens of the patient of the	hief shall sible for ence of the current an care of a hospital ff, it was a the for governing e ency and irection to available of at least nd 26), the time entus. It 17) who en Teton	BB115	Governing Board meeting was on August 25 th , 2008, wherein Diversion issue was discussed the policies and procedures libelow were approved. These are also approved by the CEO has assisted with the develop and implementation of these libelom and implementation of these libelom P/P libelom Board Boar	as held in the ed and isted polices O who oment policies: P/P reening	9-308

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NU	:R/CLIA MBER:	A. BUILDIN	IPLE CONSTRUCTION	(X3) DATE S	ETED
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NAME OF F	PROVIDER OR SUPPLIER		STREET ADI	DRESS, CITY,	STATE, ZIP CODE	0773	0/2000
TETON	VALLEY HOSPITAL A	ND SURGICENTE		HOWARD.			
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BB115	Continued From pa	de 4		BB115			
	was a delay in evaluate treatment to patient 6/24/08. This had to patient outcomes in at the ED during the were unavailable. I failed to enforce by patient must be uncomparison to the example of the patient must be uncompared in a lage of the example.	uation, stabilization, a ts arriving at the ED of the potential to cause a all patients who sou e time emergency se in addition, the gover laws which specified der the care of a physician serving ack of physician serving	on e negative light care ervices rning body every sician. ices	55110	BB 115: continued (Page 5 or Provider Scheduling P/P and Physician Back up P/P addressed requirements of covering ED with physician coverage/back	d ess the 24/7	9-3-08
	1. The hospital wen 8 AM on 6/24/08 and 6/25/08, for both inperency care at confirmed during set hospital staff, included Services, the Direct Services, the Direct Services, the CEO, DON, and additional posted on at least 2 which read "Teton Vidiversion for our Enbe seen in our [local emergency, we will to be transported to The alternate hospital of 34 to 75 miles and of greater than 45 miles are over mountain road of greater than 45 miles are to the ED on 6/23/0 to an alternate hospital and the proposition of the hollowing day. Another molinpatients were present to the second to the molinpatients were present to the second to the molinpatients were present to the second to the secon	at on divert status, be and lasting until 8 AM opatients and patients the ED. This diversity the ED corrector of Cotor of Clinical Support the ED Coordinator, al staff RNs. A sign was entrances to the howalley Hospital is curnergency Services.	on seeking on was or multiple Quality or the was espital rently on You can story ou contals]." a distance excessed drive time treatment (#17), an oresented ansferred enission in cert the escharged the		1) Facility Diversion Policy/Procedure addresses requirements of a diversion a has been informed of the requirements of such. P & P available on our electronic po program for staff to refer to a times now.	nd staff are olicy	9-3-08

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NU		(X2) MULTI A. BUILDIN B. WING		(X3) DATE SU COMPLE	TED
	131313	T a==== . n.	20500 0171/ 6	ITY, STATE, ZIP CODE		0/2008
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impact on patient was not available  2. The Chief of the on 7/30/08 at 8:4 with physicians a had told administ enough physician. He said he warned due to vacations might be days in would not be avaservices. He said from 6/23/08 untiphysician was not AM until 6/25/08. Medical Staff start during that time, and other administrative test administrative test administrative test administrative test administrative test administrations who not know what the meetings had be on divert, an ED and a Medical Stadministrative start meetings that the 6/24/08 "went fin not discuss the dwas handled or vothe future if physical.  3. The CEO was	l not taken steps to mis and services if a physic to the hospital at a fut to the hospital at a fut to AM. He stated he has far back as February rative personnel there is to provide hospital of administrative personnel the summer when a physician dother time conflict the summer when a physician dother time conflict the summer when a physician do AM. The Chief the was the physician of 16/24/08 at 8:00 AM. It available from 6/24/08 at 8:00 AM. The Chief the hospital went of the stated he met with the strative staff at 7:00 AM and the was told by the farm that going on divers a plan to ensure patier ast with medical scree as plan to ensure patier ast with medical scree and plan was. Two Medical plan was. Two Medical fold physicians at the diversion of hospital per held since the hospital per held since the medical plan was as a plan to ensure patier and the hospital per held since the hospital per held since the hospital per held since the medical per held since the medical per held since the hospital per held since the hospi	terviewed ad met very 2008 and were not coverage. In the coverage on duty A sea to a	BB115	2) Medical Staff met on Al 2008 and reviewed and dissues relating to Diversion 08. Agreed to the formation polices as listed below.  1. Administrator On-Ca 2. Facility Diversion P/R 3. Provider Scheduling 4. Emergency Medical Scheduling 14. Examination P/P 5. Admission of the ED P/P 6. Director of Nursing Scheduling 15. Designee P/P 7. Physician Back up P/P	ug 19, scussed n of 6-24-on of the all P/P P/P Screening Patient Services	9-3-08

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIE		(X2) MULTIP	LE CONSTRUCTION	(X3) DATE SUF	
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		131313		B. WING		07/30/	/2008
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BB115	Continued From pa	age 6		BB115	DD 115: continued (negs 7	of 16)	9-3-08
	physicians to cove the hospital had go stated there was not staff what to do in acknowledged the doors. He stated a DON, and the Directinformally discussion of the diversion but event had taken possician staffing event. He said not been developed to situation recurred hospital had developed to patients during CEO also failed to basic hospital care.  4. Staff C was a Polinic attached to was interviewed of worked as the proback up, both before stated, when the lowest was her understated to the ED as emenot be allowed to making, would no patient, and would hospital. She expand discomfort at coming in to the Ed care. She stated provide emergent	r the hospital. He coone on divert on 6/24, to policy or procedure this situation. He sign posted on the hafter the event, that he ector of Clinical Serviced how things had got said no formal anallace. He said there wove meeting. He stathad not changed since policies or procedure provide direction to The CEO failed to eloped plans to provid this predicable situated ensure patients would be consure patients would be consure patients would be consure patients would be provided the consure patients would be consured to the consure patients would be consured to the consure patients would be consured to the consumer to the consume	disconting and provided the control of the control		BB 115: continued (page 7 3) Governing Board meeting held on August 25th, 2008, we the Diversion issue was discound the policies and procedule below were approved. These are also approved by the CE has assisted with the develop and implementation of these 1. Administrator On-Cali 2. Facility Diversion P/P 3. Provider Scheduling P. 4. Emergency Medical Scheduling P. 5. Admission of the ED P. P/P 6. Director of Nursing Second Designee P/P 7. Physician Back up P/P 7. Physician Back up P/P 3. Physician Back up P/P 4. Emergency Medical Screeni Examination P/P wherein it a who needs an MSE, who is question to the ED Record	was wherein cussed cres listed c polices O who pment c policies: I P/P  reening  atient rvices  Procedure a diversion f the re l system See also addresses cualified to	9-3-08

	T OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NU		(X2) MULTIF A. BUILDING B. WING	G	(X3) DATE SUF COMPLET C 07/30	ED
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BB115	it was her understa respond to a heart reaction without de by administrative s including the CEO afforded sufficient effective patient ca	anding that she could attack or a severe alefying instructions giver taff. The governing had not ensured the direction to provide sare.	llergic ren to her body, e PA was safe and	BB115	BB 115: continued (page 8 and page 8 and pag	s the and staff	9-3-08
	5. Staff B, an RN, was interviewed on 7/23/08 at 2:37 PM. She stated she had worked 7 PM to 7 AM during the diversion on 6/24/08 and 6/25/08. The RN stated she had been instructed by the Director of Clinical Services to treat patients as if it was a 24 hour clinic setting. She said she was not to allow patients into the ED because they were not ED patients. Instead, she stated she was told to get a copy of the patient's insurance information and let the clinic see the patient in the morphing. Number 8 stated an adult female (Patient).			P/P: r how ED te medical ted until	q. 3-08		
	#26) came to the complaining of ab Patient #26 was d seeking emergence not take the patient hands-on assess woman's name. Spatient that no phythe patient could gen in the clinic reportedly left with emergency facility	hospital after 11 PM dominal pain. The niverted away from the cy care. Nurse B stant's vital signs, did not get she stated she explaysician was available go to another hospital the morning. The part her husband to find to. The governing book	on 6/24/08, urse stated e ED after ted she did of conduct a the ined to the and that or be patient another		the patient has had a MSE a stabilized. It also mandates patients will be logged in th book, regardless of the exterequired	that all e ED Log	
	afforded sufficient effective patient of the ED on the day interviewed on 7/2 was told her resp	), had not ensured the direction to provide are.  N who worked 7 AM to provide are.  Of the diversion (6/22/3/08 at 2:15 PM. Stonsibility as the ED not assessment of the province and the stone are seen assessment of the province are seen as the seen are seen are seen as the seen are seen as the seen are seen are seen as the seen are seen as the seen are seen as the seen are seen are seen as the seen are seen as the seen are seen are seen as the seen are seen as the seen are seen as the seen are seen are seen as the seen are seen as	to 7 PM in 24/08), was he said she hurse was to		6) See Emergency Medical Screening Examination Prowherein it addresses who not MSE, who is qualified to disthat it shall be documented Record	/P eeds an lo it, and	9-3-08

STATEMEN AND PLAN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NUI	R/CLIA VBER:	A. BUILDIN	IPLE CONSTRUCTION	(X3) DATE SI COMPLE	TED
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BB115	she decided the particles, she would another ED. She sa patient only needed direct them to a rural stated she thought the hospital during I provided them with including listening to their vital signs. Sh patients to the clinic medical evaluation these patients were provider. The direct different than the digoverning body, incensure nurses were instructions regarding.  7. At least 6 patients 26) presented to the denied care. Refer failure of the hospital patients.  8. Hospital Bylaws, February 1992, stat admitted to the hospital patients.  8. Hospital Bylaws, February 1992, stat admitted to the hospital patients.  8. Hospital Bylaws, February 1992, stat admitted to the hospital patients.  8. Hospital Bylaws, February 1992, stat admitted to the hospital patients.  8. Hospital Bylaws, February 1992, stat admitted to the hospital patients.  8. Hospital Bylaws, February 1992, stat admitted to the hospital patients.  8. Hospital Bylaws, February 1992, stat admitted to the hospital patients.  8. Hospital Bylaws, February 1992, stat admitted to the hospital patients.  8. Hospital Bylaws, February 1992, stat admitted to the hospital patients.  8. Hospital Bylaws, February 1992, stat admitted to the hospital patients.  8. Hospital Bylaws, February 1992, stat admitted to the hospital patients.  8. Hospital Bylaws, February 1992, stat admitted to the hospital patients.  8. Hospital Bylaws, February 1992, stat admitted to the hospital patients.	ge 8  tient needed physicial offer to transfer there aid if she determined a clinic services, she had health clinic. Nurse all health clinic. Nurse all health clinic. Nurse are shift. She stated a nursing assessment their concerns and e said she referred the attached to the hosp and treatment. She had treatment. She had she rection given to Nurse arection given to Nurse are shown to manage particular to the provided with consistent and following the C20, 21, 22, a hospital on 6/24/08 to C201 as it relates all to provide care to the care to	n to the would e A came to that she nt, taking ne bital for said bital by a was e B. The d to stent atients.  23, and and were the the hese  ns, dated be an w had not ose in 82 year bital on nysical, e multiple istory of bressure n (Normal	BB115	7) Governing Board meeting held on August 25 th , 2008, w the Diversion issue was discuand the policies and procedure below were approved. These are also approved by the CEC has assisted with the develop and implementation of these  1. Administrator On-Call  2. Facility Diversion P/P  3. Provider Scheduling P/P  4. Emergency Medical Screxamination P/P  5. Admission of the ED Pare/P  6. Director of Nursing Ser Designee P/P  7. Physician Back up P/P  8) Provider Scheduling P/P  Physician Back Up P/P addour commitment to provide physician coverage and/or	y was herein ussed res listed polices O who ment policies: P/P  reening  tient vices  and the lresses e 24/7	9-3-08

(X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION COMPLETED AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING B. WING 07/30/2008 131313 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 120 EAST HOWARD AVENUE TETON VALLEY HOSPITAL AND SURGICENTE **DRIGGS, ID 83422** COMPLETE DATE PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) **BB115** Continued From page 9 BB115 **BB 298** (page 10 of 16) oxygen at 10 liters per minute in order to keep 9-3-08 her oxygen saturation levels above 90%. She Provider Scheduling P/P and was admitted by a NP and followed by the same Physician Back Up P/P: which NP. No documentation by a physician was present in the patient's record. Staff D, the NP mandates daily schedules for our caring for Patient #24, was interviewed on ED/Hospitalist and Clinic coverage 7/24/08 at 11:55 AM. She stated she was not and the requirements to have 24/7 aware of a physician had visiting, examining, or physician back up/coverage. It also treating the patient. covers time off requirements/limitations. BB298 BB298 16.03.14.370.02 Staffing 02. Staffing. There shall be adequate medical 9.3-08 and nursing personnel to care for patients arriving **Facility Diversion** at the emergency room. Minimum personnel and Policy/Procedure addresses the qualifications of such personnel shall be as requirements of a diversion and staff follows: (10-14-88) has been informed of the a. A physician in the hospital or on call requirements of such. P & P will are twenty-four (24) hours a day and available to see available on our computerized emergency patients as needed. (10-14-88) system for staff to refer to at all times. b. A qualified registered nurse shall be on duty in the facility and available to the emergency room Provider Scheduling P/P and at all times. (10-14-88) Physician Back up P/P address the requirements of covering ED 24/7 This Rule is not met as evidenced by: with physician coverage/back up. Based on interviews of hospital staff and review of medical records and hospital policies, it was 9-3-08 determined the hospital failed to ensure adequate Nursing schedule assures that there medical personnel were available to provide is at least one RN on duty for patient emergency services during a 24 hour period. care, 24/7. This resulted in at least 6 of 6 patients (#'s 19, 20, 21, 22, 23, and 26) who arrived at the ED on 6/24/08 not receiving medical evaluation and treatment at the hospital. Additional patients may have been affected. However, since the hospital had placed signs on the doors stating services

Bureau of Facility Standards STATE FORM

were not available and since ED personnel did not enter the patient names into the ED Log for

	TATEMENT OF DEFICIENCIES ND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			A. BUILDING	LE CONSTRUCTION	(X3) DATE SUI COMPLET	
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BB298	the day in question or deny that other pemergency service assessment, stabil the potential to cau in all patients who the time emergency. The findings included in an interview on confirmed that the status, beginning 8 6/25/08. Patients seeking care were health clinics asso to other hospital Eleast 2 entrances "Teton Valley Hos our Emergency Se [local] Clinics. If it arrangements for regional hospitals] located at distance had to be accessed estimated drive time. This diversion from separate interview including the Director of Clinical the ED Coordinate.  When asked during 9:45 AM, how and the Director of Clinical the ED Coordinate.	i, it was not possible to patients were affected in unavailable delayed ization, and treatmer use negative patient consought care at the Eley services were unaversed.	d. Having d ht and had butcomes D during vailable.  DON mal divert 8 AM on espital or rural tal and/or eed on at stated iversion for seen in our e will make to [other pitals were away and ds with an minutes. ned during I staff, es, the ne CEO, ff RNs.  24/08 at appened, es in the ED d been to covered	BB298	We have developed and imp the following policies/proced become compliant with the requirement to have emerger services available on a daily  Facility Diversion P/P which provides the requirements, limitations and processes for appropriate facility diversion  Provider Scheduling P/P a Physician Back Up P/P: we mandates daily schedules for ED/Hospitalist and Clinic coand the requirements to have physician back up/coverage covers time off requirements/limitations.	lemented dures to ncy room basis: ch r n. md which or our overage e 24/7	9.3.08
	work the shift.			A Landau Park			

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NU	R/CLIA MBER:	(X2) MULTI A. BUILDIN B. WING		(X3) DATE SU COMPLE	TED
NIA SAFT ZOUTE	DOMES OF ALBERTA	131313				07/30	)/2008
	ROVIDER OR SUPPLIER	ND SURGICENTE		HOWARD	STATE, ZIP CODE AVENUE		
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BB298	documented discussions cheduling issues. "[name] came to distaff scheduling for [name] clinics. He demonstration of a extremely low in number of the demonstration of a extremely low in number of the coverage, thereby clinics. Review of more a staffing issues the numbers are near the clinic, of the numbers are near the numbers are near the clinic, of the numbers are near	cal staff meeting date ssion regarding poter The minutes read a scuss issues with the the ER and [name] to	stall s follows: e medical and staff was clinics s that the ER are in the to be issue as both the meet on ng. All eed to their sked to days and at ays need lossible. cannot time unfair to to dates and en asked AM about ith, the ted that further d that he e on eeting	BB298	Medical Staff met on Aug and reviewed and discussed relating to Diversion of 6-2 Agreed to the formation of polices as listed below.  A need for clarification conthe statements in the Medic meeting, dated 4-29-08, who was written that a meeting scheduling was planned for This was not a medical staff their scheduler, met to disc scheduling issues. It was a formal medical staff meeting therefore did not require the minutes	19, 2008 I issues 4-08. the acerning cal Staff nerein it to discuss 5-6-08: If meeting. ing where staff and uss tot a ng and	

	TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIP	LE CONSTRUCTION	(X3) DATE SU COMPLET	rED
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TETON \	/ALLEY HOSPITAL A	ND SURGICENTE	120 EAST DRIGGS, I	HOWARD A D 83422	VENUE		
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST BE PRECEDED BY FULL			ID PREFIX TAG	PROVIDER'S PLAN OF CORREC' (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETE DATE
BB298	During an interview who worked 7 AM of the diversion (6/2) "four or five" patienther shift. She state assessment, included and taking their vital referred patients to associated with the evaluation and treathave a provider av.  The Director of Cliprovided a list that patients (#'s 19, 20 arrived at the ED states of 6/24/08 and were states health clinic associated evaluation regarding the five Patient #19 was a	on 7/23/08 at 2:15 For the form of the ED on 24/08), stated she that same to the hospited that she provided ding listening to their al signs. She then report the rural health clinical hospital for medical atment as the hospital ailable.  Inical Support Services included the names D, 21, 22, 23, and 24) seeking emergency subsequently diverted and treatment. Details	the day ought tal during a nursing concerns exportedly c al did not es of five who ervices on d to a rural al for ails	BB298	BB 298: continued Page 13 of See Facility Diversion P/P provides the requirements, limitations and processes for appropriate facility diversion developed and implemented Admission of ED Patient P which sets the guidelines for patients are admitted into the record system. No payment information will be requested the patient has had a MSE a stabilized. It also mandates patients will be logged in the book, regardless of the exter required  See Emergency Medical See	which  The P/P  P/P: Thow ED The medical The medical That all That all The ED Log The care	9-3-08
	RN documented the a blood pressure of the ED records. To stated the patient with a nail gun and see (patient) and to clinic note docume patient in the ED, referred the patient miles away. The I as an "Office Produs "OP" (outpatient examination was of the PA, who was in PM, stated she did	the patient's vital signs of 145/77 and a pulse in accompanying Elihad shot himself in the that the PA was "cochen will treat in clinic ented that the PA exacleaned the wound, and to a physician at a PA documented the electure" and the location) at the hospital. Wildocumented in the Elinterviewed on 7/22/0d not provide emergentient at the hospital of	s, including of 68, in D note ne thumb oming to ." The amined the and then hospital 47 encounter on of care hile an D record, 8 at 4:20 ency		Examination P/P wherein is addresses who needs an MS is qualified to do it, and that be documented on the ED R	it E, who t it shall	

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: COMPLETED A. BUILDING B. WING 131313 07/30/2008 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 120 EAST HOWARD AVENUE TETON VALLEY HOSPITAL AND SURGICENTE **DRIGGS, ID 83422** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX (X5)**PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG COMPLETE CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) BB298 Continued From page 13 BB298 **BB 298:** continued Page 14 of 16) Patient #20 was a 19 year old female who presented to the ED on 6/24/08 at 5:45 PM. The 9.3.08 RN documented the patient's vital signs, including See Emergency Medical Screening a blood pressure 162/93 and a pulse of 104, in Examination P/P wherein it the ED record. The accompanying ED note addresses who needs an MSE, who stated the patient "walked in (complaining of) is qualified to do it, and that it shall 'stomach upset' spitting blood [with] was directed to a rural health clinic associated with the be documented on the ED Record hospital. The PA documented in the clinic note, 9-3-08 dated 6/24/08, that the patient complained of Admission of ED Patient P/P: "coughing up blood and mucus for about a week, which sets the guidelines for how ED a couple times a day." She was diagnosed with patients are admitted into the medical "GASTRITIS NEC W/HEMORRHAGE". Further tests (laboratory, ultrasound) were recommended record system. No payment at other facilities. No documentation was found information will be requested until to indicate the hospital provided medical the patient has had a MSE and is evaluation or treatment prior to diverting Patient stabilized. It also mandates that all #20 to the rural health clinic patients will be logged in the ED Log Patient #21 was an 8 year old female who book, regardless of the extent of care presented to the ED on 6/24/08 with an achy required body and a fever. No documentation was found as to the time of arrival in the ED. The clinic note, dated 6/24/08, documented a nursing assessment at 5:17 PM. The clinic note further documented that the patient was treated for an ear infection and sent home with instructions to return to the clinic in one day. No documentation was found to indicate the hospital provided medical evaluation or treatment prior to diverting Patient #21 to the rural health clinic. Patient #22 was a 30 year old female who presented to the ED on 6/24/08 with a swollen foot after a bicycle accident the previous day. No documentation was found as to the time of arrival in the ED. The clinic note, dated 6/24/08 documented a nursing assessment at 5:44 PM. The clinic note further documented the x-ray results were negative for a fracture and that the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
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NAME OF F	PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY,	STATE, ZIP CODE			
INTO A TOTAL OF THE POST OF TH				T HOWARD AVENUE ID 83422				
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BB298	Continued From page 14			BB298				
	patient was sent home with instructions for how to manage pain and swelling and further advised to return to the clinic if symptoms continued or worsened. No documentation was found to indicate the hospital provided evaluation and treatment prior to diverting Patient #22 to the rural health clinic.  Patient #23 was a 31 year old female who presented to the ED on 6/24/08 with a wound to				BB 298: continued Page 15 of See Emergency Medical Screen Examination P/P wherein it addresses who needs an MSE is qualified to do it, and that it be documented on the ED Re	9.3.08		
	her foot after having stepped on a garden rake. No documentation was found in the clinical record as to the time of arrival in the ED. A clinic note, dated 6/24/08 documented a nursing assessment at 10:54 AM. The clinic note further documented: 1) the patient's wound was treated; 2) she was given a tetanus shot; 3) she was sent home with instructions to return to the clinic in one day for a wound check and wound care instructions. No documentation was found to indicate the hospital provided evaluation and treatment prior to diverting Patient #23 to the rural health clinic.							
	reportedly diverted a seeking emergency 7/23/08 at 2:37 PM, AM during the divers stated that one adul of abdominal pain a shift. The RN stated patient's vital signs; hands-on assessme woman's name; 4) sphysician was availa and that she (the pathospital or be seen if	wn patient (#26) was away from the ED aft care. During an interest RN B, who worked 7 sion on 6/24/08 and 6 tremale patient committed at the ED during 1 she did not do any ent; 3) she did not gest the told the patient the lable to see her in the tient) could go to and in the clinic in the model of the clinic in the model of the could go to and the clinic in the model of the clinic in the	er erview on 7 PM to 7 5/25/08, plaining ng her the the the at no hospital other erning.		Admission of ED Patient P/I which sets the guidelines for I patients are admitted into the record system. No payment information will be requested the patient has had a MSE and stabilized. It also mandates the patients will be logged in the book, regardless of the extent required.	how ED medical I until I is lat all ED Log	9-3-08	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING  B. WING		(X3) DATE SURVEY COMPLETED C 07/30/2008	
MARKE OF E	PROVIDER OR SUPPLIER	1	STREET ADD	RESS CITY	STATE, ZIP CODE		,,
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BB298	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			BB298	BB298: (Page 16 of 16) Policies and procedures have bedeveloped, with the assistance of which address all of the allegation this document. Policies are as for this document. Policies are document.  Service Examination P/P  Admission of the ED Pation.  Director of Nursing Service P/P  Physician Back up P/P  Implementation is evidenced by the above-listed procedures.  Physician Schedule and RN being posted with backup as continuous basis.  AOC Training  AOC Log Book implement. Development of Crisis Call for ED Admission Training.  Notification to Patient concervider Coverage 24/7.  Quality Improvement review assure ED patients are being the ED log, and also checking MSEs are done on all ER publical Staff met on Aug 19, 20 reviewed and discussed issues red Diversion of 6-24-08. Agreed the formation of the polices as listed Meeting was held with the Boar to discuss and approve the above and procedures to address the collisted herein and to review the public diversion of 6-24-08.	f the CEO, ons within ollows:  P  ming  ent P/P  ces Designee  policies and schedule soured on a ation ing Checklist erning  w project to g placed on ng to assure atients.  008 and elating to o the d above d on 9-25-08 e policies oncerns as	9-3-08